

COVID-19 Advisory Commission on African American Disparities

MINUTES

June 4, 2020 7:30 AM Via Zoom

Chair: Jill Upson, Chairperson and Director, Herbert Henderson Office of Minority Affairs (HHOMA)

Commissioners: Pastor Rahsaan Armand, Mt. Zion Missionary Baptist Church

Owens Brown, State Conference of NAACP

Joylynn Fix, WV Offices of the Insurance Commission Delegate Caleb Hanna, Nicholas County, House District 44

Romelia Hodges, StriveN4

Delegate Sean Hornbuckle, House District 16, Cabell County

Mike Jones, Kanawha Institute for Social Research and Action (KISRA)

Reverend James Patterson, Institute Church of the Nazarene

Senator Patricia Puertas-Rucker, Jefferson County, Senatorial District 16

Tiffany Samuels, WVU Cancer Institute Keisha Saunders, Tug River Health Clinic

Presenters: Secretary Bill Crouch, Department of Health and Human Resources (DHHR)

Lieutenant Colonel Tanya McGonegal, WV National Guard (WVNG)

Sarah Sanders, Ph.D., Bureau of Public Health Dr. Cathy Slemp, Bureau of Public Health

Call to Order: Chairperson Jill Upson called the meeting to order at 7:30 a.m. and proceeded with welcoming the Commissioners and presenters.

Update – Dr. Cathy Slemp, WV Bureau of Public Health:

Dr. Slemp began by acknowledging the recent events in Minnesota that have triggered the pain and anger experienced across the country. She stated that she cannot personally speak to the experience, however she acknowledged that it is very real and wrong. Dr. Slemp shared that, although the internal inequities, biases and injustices have been around for centuries, they are not unchangeable. She noted that as people have shown that they care enough about others to change personal behaviors and wear masks. There is a general respect for gifts, strengths and value that everyone all brings to the world. Dr. Slemp concluded by referencing her time spent working in India and greeted the group with 'Namaste', which translates as, "honoring the divine and light within you."

Dr. Marsh added that the advisory group is an exemplar of how the State of West Virginia should come together. He shared that Hong Kong and Sweden never shut down to self-isolate. Hong-Kong, densely populated with 7.5 million

people, is diligently wearing masks and have lost four people to COVID. In comparison, Sweden, which chose not to wear masks, has a population of 10 million over 4,000 deaths. He stated that it is important that we all take care of ourselves and continue the dialog so that all WV citizens feel safe. Dr. Marsh concluded by stating that he looks at the leaders on the Zoom call as a necessary part of that change and commended everyone for their commitment.

Romelia Hodges agreed with Dr. Marsh; there is a real opportunity to do phenomenal work within the task force. She stated that, as a representative of the community in Fairmont, the residents felt invisible and disposable during the first, two months of the outbreak. Ms. Hodges shared that she and her family battled COVID-19. Ms. Hodges expressed her appreciation of Dr. Slemp's sincere comments at the opening of the meeting. She concluded by stating that she is thankful for the work of the task force and hopes that steps are taken to ensure that this never happens again.

Reverend James Patterson stated that he uses the phrase "Intentional Inclusion" to describe the problematic and programmatic disparities at hand. PAAC partnered with Family Care and Cabin Creek to hold test sites. There were 34 tested at the Second Avenue Center and 35-40 were tested at the Shiloh Missionary Baptist Church. Rev. Patterson shared that all but one of the test-takers were Caucasian. He suggested that people of color be included throughout the entire system. Rev. Patterson stated that he was not aware of any African American FQHC's (Federally Qualified Health Centers) in West Virginia. He concluded by stating that this task force is the first step to including people of color, who can become invisible, in the process.

Dr. Slemp agreed by stating that the work force and partnerships should be reflective of intentional inclusion of people of color. The Hispanic population in the Eastern Panhandle is experiencing high instances of positive results. She shared that there has been conversation about how to identify and hire contact tracers from the community that are familiar with and reflect the community. She concluded that she was excited about the possibility.

Secretary Crouch added that the group has great potential to create change. He reiterated the group has great value and believes it will continue after the pandemic. He concluded by expressing that there are other issues that they are happy to address.

Dr. Slemp shared that the updated reports for Week 1 and 2 are posted on the website. She shared that there have been some delays in getting the Week 3 results. The racial breakdowns will be shared once the results are completed. Some results are still pending, but the following rough estimate was provided.

County	Number Tested	% African American	# of Positive Cases
Berkeley	600+	N/A	19
Jefferson	700+	N/A	11
Mineral	500+	N/A	2
Morgan	350+	N/A	0
Kanawha	715+	N/A	2
Randolph	311	N/A	0

Dr. Slemp shared that the Bureau of Public Health is working on getting a more detailed racial distribution, which will include the Hispanic population.

Minority Data Update - Dr. Sarah Sanders, Epidemiologist, WV Bureau of Public Health:

Dr. Sanders reported that the data shared today is preliminary and was accessed through the WV Electronic Disease Surveillance System (EDSS) on June 2, 2020. She shared that there are still disproportionate counties. She stated that there are some counties that are reporting no new cases.

- 28 Counties have at least one case in a minority population.
 - Some counties have more cases in minority populations than would be expected solely on the minority population of the county.
- Other Race captures anyone that does not identify as African American/Black or White.
 - o Race is self-reported.
- Some counties have small numbers of cases overall and/or active cases. Caution is needed when interpreting results when numbers are small.

Table 1. Percent of County Cumulative and Active Cases by Black or African American and Other Race.

	Percent of Cas	All County ses	Percent of Co	ounty Active ses	Percent of Populat	•
	Black or African American	Other Race	Black or African American	Other Race	Black or African American	Other Race
Berkeley	10.6%	10.9%	6.7%	18.3%	8.6%	1.7%
Braxton	0.0%	50.0%	0.0%	0.0%	1.1%	0.7%
Cabell	10.4%	1.5%	21.4%	0.0%	5.6%	1.7%
Fayette	1.9%	17.3%	3.2%	19.4%	5.0%	0.6%
Gilmer*	60.0%	0.0%	0.0%	0.0%	11.5%	2.0%
Hampshire*	3.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Hardy	20.5%	15.4%	0.0%	25.0%	4.0%	1.2%
Harrison	2.5%	2.5%	5.6%	5.6%	2.3%	0.9%
Jackson*	0.0%	0.7%	0.0%	0.0%	1.0%	0.7%
Jefferson	7.3%	7.3%	0.0%	2.9%	7.1%	2.4%
Kanawha	7.7%	5.0%	11.9%	5.1%	8.5%	1.5%
Lewis*	0.0%	44.4%	0.0%	75.0%	1.0%	0.8%
Logan*	11.8%	0.0%	0.0%	0.0%	2.2%	0.4%
Marion*	47.1%	0.0%	25.0%	0.0%	3.9%	1.0%
Mason*	0.0%	6.7%	0.0%	0.0%	1.3%	0.5%
McDowell*	33.3%	16.7%	100.0%	0.0%	8.8%	0.4%
Mercer*	15.4%	0.0%	0.0%	0.0%	6.7%	0.9%
Mineral	2.1%	4.3%	6.7%	6.7%	3.5%	0.9%
Monongalia	8.8%	0.7%	4.2%	0.0%	4.7%	4.1%
Ohio	0.0%	2.3%	0.0%	0.0%	4.4%	1.1%
Pendleton	7.7%	0.0%	0.0%	0.0%	2.6%	0.6%
Preston*	0.0%	12.5%	0.0%	0.0%	1.5%	0.5%
Putnam	5.3%	0.0%	0.0%	0.0%	1.5%	1.3%

Raleigh	12.5%	0.0%	14.3%	0.0%	8.7%	1.4%
Randolph	2.5%	16.8%	2.6%	17.4%	2.1%	0.8%
Roane*	0.0%	11.1%	0.0%	0.0%	0.6%	0.7%
Wayne	0.0%	3.0%	0.0%	0.0%	0.8%	0.7%
Wood	0.0%	3.8%	0.0%	0.0%	1.8%	1.0%
Total	6.9%	5.8%	4.4%	10.2%	4.2%	1.2%

^{*} Has 5 or less active cases.

Data Sources: WVEDSS accessed 6/2/2020 and CDC Wonder

- 79% of African Americans with COVID have recovered. This is higher than the overall rate, which is 67%.
- A note about active cases and Unknown Race active cases are expected to be higher in the Unknown category
 because race is typically collected during the case investigation, which occurs within 72 hours of a positive test
 result.
 - o 77% of Unknown cases are active.
- Other Race has 52% of cases classified as Active. This is likely due to recent increases in cases in this group.
- African Americans continue to have a lower percentage of cases that result in death with 2.1% of cases in African Americans resulting in death, while 4.1% of cases in Whites result in death.
 - This number is going down because there have been no African Americans that died in the month of May to date.

Table 2. Status of COVID-19 Cases by Race.

	2. Status of COVID-13 cases by Race.											
	Black or African American		Other Race		Unknown		White		Total Cases			
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases		
Recovered	113	79.0%	54	45.0%	37	20.7%	1,177	72.4%	1,381	66.8%		
Active	27	18.9%	62	51.7%	137	76.5%	383	23.6%	609	29.4%		
Died	3	2.1%	4	3.3%	5	2.8%	66	4.1%	78	3.8%		
Total	143	100%	120	100%	179	100%	1,626	100%	2,068	100%		

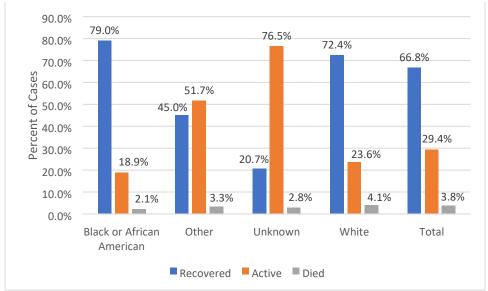


Figure 1. Percent of Race Group Cases by Case Status.

Overall, African American's have had a larger percent of cases in children (10-19), 7.7% compared to 3.8% of White cases, and a lower percentage of cases in people over 80.

Table 3. Age and All COVID-19 Cases by Race Group.

	Black or African American		Other Race		Unknown		White		Total Cases	
Age Group	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	2	1.4%	2	1.7%	5	2.8%	26	1.6%	35	1.7%
10-19	11	7.7%	4	3.3%	10	5.6%	61	3.8%	86	4.2%
20-29	22	15.4%	21	17.5%	30	16.8%	253	15.6%	326	15.8%
30-39	17	11.9%	25	20.8%	31	17.3%	211	13.0%	284	13.7%
40-49	20	14.0%	29	24.2%	33	18.4%	243	14.9%	325	15.7%
50-59	18	12.6%	18	15.0%	31	17.3%	277	17.0%	344	16.6%
60-69	35	24.5%	11	9.2%	17	9.5%	226	13.9%	289	14.0%
70-79	12	8.4%	5	4.2%	14	7.8%	158	9.7%	189	9.1%
80+	6	4.2%	5	4.2%	8	4.5%	171	10.5%	190	9.2%
Total	143	100.0%	120	100.0%	179	100.0%	1,626	100.0%	2,068	100.0%

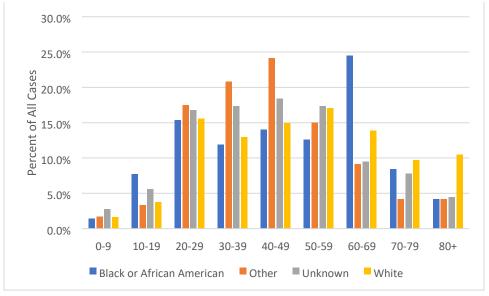


Figure 2. Percent of All COVID-19 Cases for Each Race Group by Age Group.

Distribution of active cases by age in African Americans continues to be more variable than in Whites.

o A quarter of all active cases in African Americans are ages 60-69, compared to 15% in Whites.

Table 4. Active COVID-19 Cases for Each Race Group by Age Group.

		or African erican	Other Race		Unknown		White		Total Cases	
Age Group	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	0	0.0%	2	3.2%	4	2.9%	4	1.0%	10	1.6%
10-19	2	7.4%	1	1.6%	8	5.8%	19	5.0%	30	4.9%
20-29	6	22.2%	10	16.1%	23	16.8%	61	15.9%	100	16.4%
30-39	3	11.1%	12	19.4%	23	16.8%	59	15.4%	97	15.9%
40-49	1	3.7%	15	24.2%	28	20.4%	59	15.4%	103	16.9%
50-59	6	22.2%	13	21.0%	21	15.3%	64	16.7%	104	17.1%
60-69	7	25.9%	4	6.5%	17	12.4%	58	15.1%	86	14.1%
70-79	2	7.4%	2	3.2%	10	7.3%	38	9.9%	52	8.5%
80+	0	0.0%	3	4.8%	3	2.2%	21	5.5%	27	4.4%
Total	27	100.0%	62	100.0%	137	100.0%	383	100.0%	609	100.0%

Dr. Sanders stated that the **Percent of Active COVID-19 Cases for Each Race Group by Age Group** in Figure 3 shows who is being affected. She reported that there is a very large percentage of African American cases in the 60-69 years old and the 10-19 years old categories. There was discussion about what the age group data might reflect. Dr. Marsh added that it would be helpful to look at the location of some of those cases. Dr. Slemp added that it would helpful to determine how many of these cases are in facilities. Dr. Sanders shared that she has been thinking more about whether there is a low prevalence or low testing in 20-29 years old African Americans; totaling eleven cases. Secretary Crouch stated that the Hispanic race data should be extracted to provide more detail. Dr. Slemp shared that the Hispanic population outbreaks have occurred in a poultry plant and migrant camp.

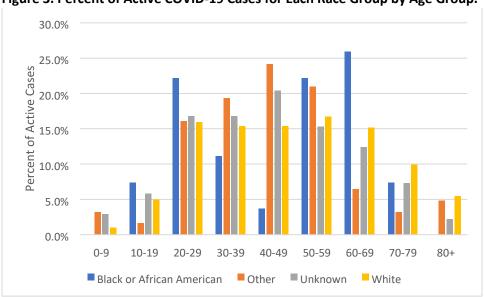


Figure 3. Percent of Active COVID-19 Cases for Each Race Group by Age Group.

Data Source: WVEDSS accessed 6/2/2020

As the pandemic progresses the Recovered numbers will start to align with the cumulative case numbers. **Table 5. Recovered COVID-19 Cases for Each Race Group by Age Group.**

	Black or African American		Other Race		Unknown		White		Total Cases	
Age Group	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
0-9	2	1.8%	0	0.0%	1	2.7%	22	1.9%	25	1.8%
10-19	9	8.0%	3	5.6%	2	5.4%	42	3.6%	56	4.1%
20-29	16	14.2%	11	20.4%	7	18.9%	190	16.1%	224	16.2%
30-39	14	12.4%	13	24.1%	8	21.6%	152	12.9%	187	13.5%
40-49	19	16.8%	14	25.9%	5	13.5%	184	15.6%	222	16.1%
50-59	12	10.6%	4	7.4%	10	27.0%	207	17.6%	233	16.9%
60-69	26	23.0%	6	11.1%	0	0.0%	163	13.8%	195	14.1%
70-79	10	8.8%	3	5.6%	3	8.1%	98	8.3%	114	8.3%
80+	5	4.4%	0	0.0%	1	2.7%	119	10.1%	125	9.1%
Total	113	100.0%	54	100.0%	37	100.0%	1177	100.0%	1,381	100.0%

30.0%

\$\frac{9}{25.0\%}

\$\frac{9}{20.0\%}

\$\frac{1}{20.0\%}

\$\frac

Figure 4. Percent of Recovered COVID-19 Cases for Each Race Group by Age Group.

0-9

0.0%

African Americans report higher rates of hospitalization than Whites.

30-39

40-49

50-59

Unknown

60-69

20-29

■ Black or African American ■ Other

Table 6. Number and Percent of Active and All Cases that Reported Hospitalization During Case Investigation.

	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases Of Cases		Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
All Cases	30	21.0%	9	7.5%	6	3.4%	215	13.2%	260	12.6%
Active Cases	5	18.5%	4	6.5%	3	2.2%	41	10.7%	53	8.7%

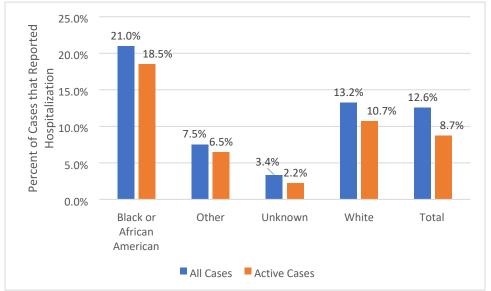


Figure 5. Percent of Active and All Cases that Reported Hospitalization During Case Investigation.

The OEPS has also started reporting probable cases. These are cases that are symptomatic and have either a serologic test or are epidemiologically linked to a confirmed case.

• These numbers are currently low but are expected to increase. 1.4% of cases in African Americans are classified as probable, while 2.7% of cases in Whites are probable.

Table 7. COVID-19 Case Type by Race Group.

	Black or African American		Other Race		Unknown		White		Total Cases	
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases
Confirmed	141	98.6%	117	97.5%	169	94.4%	1,582	97.3%	2,009	97.1%
Probable	2	1.4%	3	2.5%	10	5.6%	44	2.7%	59	2.9%
Total	143	100%	120	100%	179	100%	1,626	100%	2,068	100%

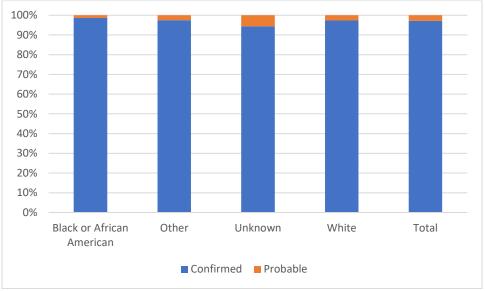


Figure 6. Percent of COVID-19 Cases by Case Type for Racial Groups.

• 6.3% of all cases have reported Hispanic ethnicity, which is higher than their representation in the state population of 1.7%.

Table 8. Hispanic Cases of COVID-19.

	All Cases		Active Cases		Recover	ed Cases	State Population		
	Cases	Percent of Cases	Cases	Percent of Cases	Cases	Percent of Cases	Estimated Population	Percent of Population	
Hispanic	131	6.3%	41	6.7%	90	6.5%	30,201	1.7%	
Total	2,068		609		1,381		1,805,832		

- Nearly half, 48.9%, of Hispanics reported race as White, followed by 36.6% reporting Other Race.
- Furthermore, 40.0% of Other Race cases have reported Hispanic ethnicity.

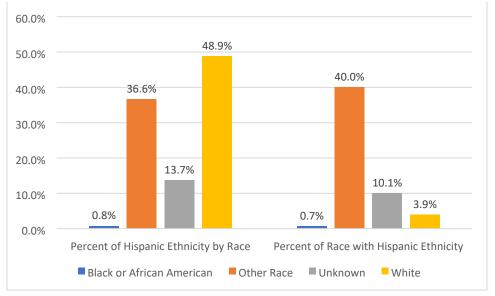


Figure 7. Percent of Hispanic COVID-19 Cases by Race and Percent of Race of COVID-19 Cases by Hispanic Ethnicity.

Member Discussion:

Chairperson Jill Upson asked a question about how mask-wearing would play out in a K-12 setting. Dr. Marsh stated that Secretary Clayton Burch will release a guidance for public schools. The interventions for younger students will be different than older students. Dr. Marsh stated that trying to distance as much as possible will be a benefit. A mixed curriculum of online and classroom sessions is being considered. Dr. Marsh stated that he emailed an article to the Chair regarding the challenges of restarting K-12 classes. He admitted that this is a tough question. Dr. Slemp shared that there is a task force working this issue. COVID deals more with adult populations. She mentioned a development of a syndrome in New York that resembled Kawasaki's disease.

Mike Jones stated that messaging should be specific to the youth. He recommended using public figures from the music industry and athletes to include in the messaging. Mr. Jones suggested checking with the Ad Council, which may have COVID-19 ads. Dr. Slemp stated that North Carolina ran public service announcements targeting the minority population. She stated that she will share the ads if any of the Commissioners are interested.

Tiffany Samuels stated that the youth want to be heard. She shared that more time should have been spent listening to the youth and allowing them to express their ideas and concerns about COVID. She suggested a town hall meeting with the youth and the 20-29 years old age group.

Dr. Slemp agreed that when the opportunity arises, a town hall should be planned. Ms. Samuels suggested considering the effects of the protests. She shared that the youth seem to have forgotten that the pandemic is still active.

Secretary Crouch expressed that the points raised by Ms. Samuels were excellent. He stated that, if possible, Ms. Samuels' suggested approach should be applied to upcoming testing sites.

There was discussion about offering routine child immunizations. Dr. Slemp asked if holding immunizations at the testing sites would be wise. Ms. Samuels stated that she is hesitant to recommend holding immunizations at the sites due to the conspiracy theories. She recommends holding vaccine and sports clinics. Offering a free physical with the vaccine would yield a stronger turnout. Ms. Samuels shared that some believe that the testers are inserting microchips

during the nasal swabbing. Senator Puertas-Rucker agreed that offering testing with proper education is crucial. She stated that standard care is decreasing due to closing health clinics.

Romelia Hodges shared that Harrison County's emergency entities and Public Health has been doing a phenomenal job. The ability to have time to prep the community is crucial. She stated that Harrison County community has embraced the marketing and media. Ms. Hodges suggested doing the pre-work in marketing to student prior to school restarting. She then asked how the race question is asked or stated to test-takers. She shared that she was never asked if she was Black or Black Hispanic when she was tested. Ms. Hodges stated that she noticed the race data is assumed, which may explain the large number in the 'Unknown' category.

LTC Tanya McGonegal stated that she is more involved in the planning than the fieldwork. She did share that the race question is stated similarly as those on other medical forms.

Senator Puertas-Rucker stated that Hispanic means 'from Spain', therefore Latin Americans may identify themselves as 'Other'. She stated that, if from Latin America, most Hispanics do not consider themselves to be Hispanic. She suggested that 'Hispanic/Latino' would be a better was to state the race question on the form.

Pastor Rahsaan Armand shared that Harrison County experienced the same challenges with the youth as expressed by other members. He stated that a concerted effort to capture the youth should be at the forefront. The youth that he spoke with shared that they were leery of being tested, however feel that they are not in danger if they are asymptomatic. He wondered if this could be due to the absence of a celebrity or parent to co-sign the importance of testing.

Dr. Marsh stated that he has another article to share about Sweden and the outcome of not wearing masks. He asked the task force to help identify celebrity students from WVU to help with public service announcements. He stated that "super spreaders" can infect a mass of people. One person at a choir practice in Washington infected 65 people. He stated that ideally 80% of people should wear masks to slow the spread. There were 20,000 new cases in the US just yesterday. He concluded by stating that education is the secret weapon. COVID is still here and thrives on person-to-person contact.

Chairperson Upson stated that she would like to add Owens Brown, Pastor Armand and Keisha Saunders to the next agenda to provide feedback on the testing events in their areas.

The meeting adjourned at 8:42 AM.

Michelle Petties

Respectfully Submitted,

Michelle Petties Executive Assistant

HHOMA